

☐ INITIAL PLAN ☐ REVISED PLAN (Mark Substitution with *) ☐ FINAL PLAN

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EDUCATIONAL INSTITUTION				ADVISORS SIGNATURE <i>(Not require on final submission)</i>	
CURRICULA PROGRAM NO. <i>(See OPNAVNOTE 1520)</i>		SUBSPECIALTY CODE EXPECTED		ADVISORS TITLE	
DATE COMMENCED INSTRUCTION		EXPECTED COMPLETION DATE		STUDENT SIGNATURE	
				DATE	
DEGREE SOUGHT	STATE OF LEGAL RESIDENCE	SSN		PRESENT MAILING ADDRESS <i>(Include Zip)</i>	
RANK, NAME <i>(Last, First, Middle Initial)</i>				TELEPHONE <i>(Include area code)</i>	
				EMAIL:	
ADMINISTRATIVELY ASSIGNED TO:				NOTE CHANGE OF:	
				<input type="checkbox"/> RANK <input type="checkbox"/> ADDRESS <input type="checkbox"/> TELEPHONE NO.	
COLLEGE TERM				RESIDENCY STATUS	
<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> TRIMESTER <input type="checkbox"/> YEAR				<input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> RESIDENT	
For courses which satisfy degree requirements, indicate under "Requirements" as follows: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> (1) Required no substitution (2) Prerequisite </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> (3) Elective (4) Extra or spare </div>					

DATES FROM (Day, month, year) TO

[illegible]

DATES FROM (Day, month, year) TO

[illegible]

EDUCATIONAL PLAN FOR GEV PROGRAM

DATES FROM (Day, month, year)

TO

REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

DATES FROM (Day, month, year)

TO

REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

DATES FROM (Day, month, year)

TO

REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

EDUCATIONAL PLAN FOR GEV PROGRAM

DATES FROM (Day, month, year)

TO

REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

DATES FROM (Day, month, year)

TO

REQUIREMENT	DEPT/COURSE NO.	COURSE TITLE	CREDIT HOURS	ESTIMATED COST

<input type="checkbox"/> DISSERTATION <input type="checkbox"/> THESIS <input type="checkbox"/> MAJOR REPORT		TITLE		
THESIS RESEARCH DESCRIPTION <i>(If additional space is required, continue on reverse)</i>				
NUMBER OF CREDIT LISTED IN THIS PLAN TOTAL		TRANSFER CREDIT ALLOWED FOR DEGREE		TOTAL CREDITS REQUIRED FOR DEGREE
DEGREE <input type="checkbox"/> AWARDED <input type="checkbox"/> TO BE AWARDED		OF		DATE